

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 11/26/2012

0000216503
 11/30/12
 Total Amount

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
Number	Line		Line#	Description			Withhold	Year	Month			
00316520	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06101	NASH GAYLE-001	2013	11	0000095471	Nash, G 10.22-10	370.00
Total For Voucher												370.00

JM

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00316520
 Voucher Style: Regular
 Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Invoice Number: Nash, G 10.22-10.26
 Invoice Date: 11/15/2012
 Total: 370.00

*Pay Terms: Pay Now ☒ Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000099443 

Location: 001 

*Address: 1 

NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Gross Amount: 370.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 11/15/2012 

Net Due: 11/15/2012

Discount Due:

Accounting Date:

Payment Method

*Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Pay Group:

*Handling: RE

*Netting: N 

Messages

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Nash, G 10.22-10.26
Voucher ID: 00316520 Invoice Date: 11/15/2012
Voucher Style: Regular Total: 370.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRFNT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #: 001768-SG	
	Year: 2011	Make: Nissan	Model: Altima			

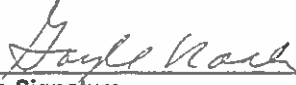
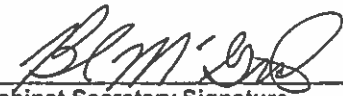
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting in Alamogordo to attend/survey at Opportunity Center facility. Also T or C meeting at NMSVH					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	10/19/12	Destination:	Alamogordo & T or C		
	Departure Date: (month/day/yr)	10/22/12	Time:	07:00 AM	Return Date: (month/day/yr)	10/26/12 Time: 07:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546500: Registration – Employee		542200: In-State Per Diem: 4 @ \$85/day	\$ 340.00
546800: Registration – Vendor		Santa Fe Only: @ \$135/day	\$ 0.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 370.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 370.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 _____ Employee Signature _____ Date	_____ Supervisor/Bureau Chief Signature  _____ Cabinet Secretary Signature _____ Date
_____ Division Director/Hospital Administrator (As per specific division requirements) _____ Date	_____ (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)